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§16–201.2.

(a) (1) In this section the following words have the meanings indicated.

(2) “Community developmental disabilities services provider” means a community–based developmental disabilities program licensed by the Department.

(3) “Community mental health services provider” means a community–based mental health program approved by the Department or an individual practitioner who contracts with the Department or the appropriate core service agency or local behavioral health authority.

(4) “Core service agency” has the meaning stated in § 7.5–101 of this article.

(5) “Eligible individual” means a Medicaid recipient or an individual who receives developmental disabilities services or mental health services subsidized in whole or in part by the State.

(6) “Local behavioral health authority” has the meaning stated in § 7.5–101 of this article.

(b) Notwithstanding the provisions of this subtitle, the Department shall reimburse a community developmental disabilities services provider or a community mental health services provider for approved services rendered to an eligible individual as provided in this section.

(c) (1) Subject to the limitations of the State budget, beginning in fiscal year 2008 and in each fiscal year thereafter, the Department shall adjust for inflation the fees paid to a community developmental disabilities services provider and a community mental health services provider for approved services rendered to an eligible individual using the update factor recommended by the Community Services Reimbursement Rate Commission.

(2) Annual adjustments shall be funded with due regard to the expenditures necessary to meet the needs of individuals receiving services.

(3) The annual rate of change for the fees may not exceed a maximum rate of 5%.

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